

WATERFORD PUBLIC SCHOOLS  
SCHOOL BUS TRANSPORTATION CHANGE FORM

SCHOOL YEAR \_\_\_\_\_

DATE: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_

NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: (CIRCLE ONE)  
K-AM K-PM 1 2 3 4 5 6 7 8 9 10 11 12

**STUDENT INFORMATION: (CHECK ONE)**

- |  |   |
|--|---|
| <input type="checkbox"/> New             | <input type="checkbox"/> Change Address Only        |
| <input type="checkbox"/> Delete/Withdraw | <input type="checkbox"/> Change School To _____     |
| <input type="checkbox"/> Daycare         | <input type="checkbox"/> Transfer School From _____ |

HOME ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

**DAYCARE INFORMATION**

**Daycare is defined as a consistent, regularly scheduled arrangement between parent(s) and provider. A temporary babysitting arrangement is NOT considered daycare.**

Daycare Provider: \_\_\_\_\_ Provider Phone # \_\_\_\_\_

Provider Address: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

*\*Please note that this form must be provided to the school prior to any changes regarding this request. A two school day notice is required before implementing changes. School will notify transportation office.*

	MON.	TUES.	WED.	THURS.	FRI.
AM	_____	_____	_____	_____	_____
MID	_____	_____	_____	_____	_____
PM	_____	_____	_____	_____	_____

***\*SCHOOL: Submit yellow and pink copies to LAIDLAW.***

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**FOR BUS COMPANY USE ONLY**

**BUS#** \_\_\_\_\_ **BUS STOP** \_\_\_\_\_

**PICK UP TIME** \_\_\_\_\_ **DROP OFF TIME** \_\_\_\_\_

**BUS COMPANY WILL SEND CONFIRMATION OF BUS #, STOP, PICK UP AND DROP OFF TIME.**

**LAIDLAW will forward completed yellow copy to the Business Office.**

White/School Principal Keeps    Yellow/Business Office    Pink/Bus Contractor